

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 8:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 239378 (3)
1. Corporation Name
HARLAN NEWTON MAUSOLEUM CORPORATION

Principal Place of Business
**2929 S.E. OCEAN BLVD.
APT. 103-5
STUART FL 34986-2752**

Mailing Address
**2929 S.E. OCEAN BLVD.
APT. 103-5
STUART FL 34986-2752**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/01/1960

3a. Date of Last Report
04/25/1994

4. FEI Number
59-0898087

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.
22

26. Mailing Address
26

22. City & State
27

27. City & State
28

23. Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**NEWTON, H. L.
2929 S.E. OCEAN BLVD. 103-5
STUART FL 34996**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
PD
NAME
NEWTON, H. L.
STREET ADDRESS
2929 S.E. OCEAN BLVD.
CITY - ST - ZIP
STUART FL 34996

TITLE
SDT
NAME
NEWTON, JEAN
STREET ADDRESS
2929 S.E. OCEAN BLVD.
CITY - ST - ZIP
STUART FL 34996

TITLE
VD
NAME
NEWTON, HARLAN JR.
STREET ADDRESS
5362 BURNING TREE DR.
CITY - ST - ZIP
ORLANDO FL 32811

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H. L. Newton (H. L. NEWTON)

4/13/94 - 407-283-7273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone